LIFE INSURANCE PROCEEDS REPORT

Commonwealth of Kentucky REVENUE CABINET

January 1, 20____



Name of Insurance Company	Name, Address and Social Security Number of Recipient		
Money on deposit subject to withdrawal		\$	
	Amount		
Rights to receive income:			
Life: Age or date of birth	Annual income	\$	
Term: Date of last installment	Annual income	\$	
62A311-S1 (10-02)	LIFE INSURANCE PROCEEDS REPORT	1.00	
Commonwealth of Kentucky REVENUE CABINET	January 1, 20	EDUCATION PAYS	
Name of Insurance Company	Name, Address and Social Secu	Name, Address and Social Security Number of Recipient	
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Future lump sum payments: Date due ——————————————————————————————————	Amount	\$	
•	Annual income	\$	
Term: Date of last installment	Annual income	\$	
	SUBMIT ONE COPY ONLY		
62A311-S1 (10-02)	LIFE INSURANCE PROCEEDS REPORT		
Commonwealth of Kentucky REVENUE CABINET	January 1, 20	EDUCATION PAYS	
Name of Insurance Company	Name, Address and Social Security Number of Recipient		
	Amount	\$	
Rights to receive income: Life: Age or date of birth	Annual income	\$	
Term: Date of last installment	Annual income	s	